# we are the county of OS angeles

You are a part of what makes the County of Los Angeles a great place to live and work — one of nearly 100,000 employees dedicated to serving the people of the County of Los Angeles. Your *Choices* benefit program, negotiated for you by the Coalition of County Unions (CCU), is designed to give you the security of knowing we've got you covered — so you have the freedom to focus on what matters most at work and home.



# Time to review your Choices benefits!

# October 1 – October 31, 2012 mylacountybenefits.com

Annual benefits enrollment starts October 1 and ends on October 31. Any changes you make take effect January 1, 2013.

During this time, you can make changes to your benefits that you can't make at any other time of the year. It's your opportunity to review and update your benefits and make sure they will meet your and your family's needs for the upcoming 2013 plan year.

You should receive your *Choices* annual benefits enrollment packet in the mail by October 1, 2012.

#### **Benefit Costs and Changes for 2013**

The enrollment packet will contain a Quick Start Summary and your Personalized Enrollment Worksheet that highlight any benefit changes and the monthly costs for benefits for the new plan year.

Maximum contribution limits for Health Care Spending Accounts have been reduced to \$200 a month (\$2,400 a year), as a result of Health Care Reform. Limits to Dependent Care Spending Accounts remain the same at \$400 a month (\$4,800 a year).

## **New Resource**

This year, you have access to more information about your medical plan using a document called a Summary of Benefits and Coverage. See page 2 for more information about this new resource.

# What Can You Do During Annual Benefits Enrollment?

During annual benefits enrollment you may:

- Enroll in or change medical and dental plans as well as optional benefits, such as Life, Medical Coverage Protection (Long-Term Disability Health) and Accidental Death & Dismemberment insurance
- Waive medical coverage, if you have other coverage (you must choose to waive and provide information on your other coverage each year)
- Enroll or re-enroll in the Health Care and/or Dependent Care Spending Accounts
- Add or drop coverage for family members.

# Annual benefits enrollment preview

## When Your Enrollment Packet Arrives...

## ✓ Review your worksheet

The Personalized Enrollment Worksheet shows the benefits you are enrolled in now and the monthly benefit allowance and premium rates for 2013.

## Make sure your family members don't lose coverage

You MUST provide dependent Social Security numbers (if you have not done so in the past) when you add family members, change medical plans, or if you have recently added a newborn. See page 3 for more information.

## Prepare information to waive coverage

If you want to waive coverage for 2013, get the information on your medical coverage ready. YOU MUST choose to waive coverage and provide that information each year, even if you have done so in the past. There are no exceptions! See the orange box at the bottom of the last page of this newsletter for more details.

## Beat the rush!

You can enroll starting October 1, so review your materials as soon as they arrive. Starting early gives you more time to ask questions, make your decisions and complete your enrollment before the October 31 deadline.

## Review last year's expenses

Figuring out how much you paid in out-of-pocket health care and dependent care expenses this year can help you decide whether your current benefits meet your needs and help you calculate how much to put aside in a spending account for the upcoming year.

## When You Receive Your Packet. Here's How to **Locate Your Employee Number and PIN**

Use the Personalized Enrollment Worksheet in your packet to find your:

- Employee Number
- PIN

You'll need this information to access the benefits website, mylacountybenefits.com.



## New this year

## Summary of Benefits and Coverage (SBC)

### What is the SBC?

Starting this year, the Patient Protection and Affordable Care Act requires medical plans to provide a summary of benefits and coverage (SBC) to their members. The primary objective of the SBC is to enable members to compare coverage options and better understand their health benefits. The SBC highlights what your medical plan covers and provides examples of the benefits provided under the plan.

### The SBC includes:

- A description of the coverage, including cost sharing for designated categories of benefits
- Exceptions, reductions, and limitations on coverage
- Cost-sharing provisions, including deductibles, coinsurance, and copayments
- Coverage examples that illustrate benefits provided under the plan
- Contact information for questions and network provider lists
- Information on prescription drug coverage

### How do I get my SBC?

The SBC for the medical plan in which you are currently enrolled will be mailed to you. It will be sent separately from your benefits enrollment packet.

Starting October 1, you can view an SBC for each medical plan online at mylacountybenefits.com. Simply log in and select the appropriate medical plan link on the home page.

# Making changes & adding family members

## **Social Security Numbers Required**

If you change medical plans, enroll in a medical plan or add family members, you must provide Social Security numbers (SSN) and any other necessary documentation, for each person you wish to enroll. All medical plans are required to gather Social Security numbers to comply with federal reporting requirements.

Until you provide an SSN or other necessary documentation, your family member's enrollment is incomplete or pending. If you do not meet the deadline for submitting documentation, the pending enrollment will drop and your family member will not have coverage effective January 1, 2013.

#### **How to Enroll**

It's easy to enroll eligible family members at **mylacountybenefits.com** 

and enter SSNs directly online. You may also use the telephone system. You must provide SSNs and other documentation within 10 calendar days from the date you enroll. Other documentation may include a birth certificate for a child or a marriage certificate for a spouse.

See your enrollment materials for more details.

## Dependent Eligibility Reminder!

You **MUST** drop coverage for your ex-spouse/domestic partner or dependent children when they lose eligibility. Such situations include divorce, end of a domestic partnership, or your adult child becomes eligible for their own employer-sponsored coverage. Even if your divorce decree requires that you maintain health care coverage for your ex-spouse, you may not keep your ex-spouse enrolled in your benefits, including medical.

The County reserves the right to take appropriate action against anyone who knowingly presents a false or fraudulent claim under the Plan, or who otherwise attempts to defraud the Plan, including (but not limited to) termination from participation in the Plan and of employment.



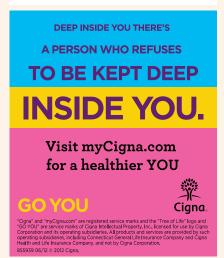


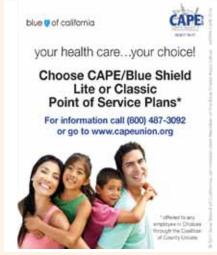




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## **Contact Information Up to Date?**

It's essential to make sure your mailing address and home phone number are up-to-date so you get your enrollment packet on time and your medical carrier can contact you in the future. If this information is not current, contact your departmental Personnel Office immediately, or, using a County computer, visit mylacounty.gov and use the Employee Self Service option.



## More to come

Watch for your *Choices* benefits enrollment packet in the mail by the first week in October!



The new Summary of Benefits and Coverage (SBC) will be mailed separately from your benefits enrollment packet. See page 2 inside for more details about the SBC.



If you have not received your benefits enrollment packet by October 9, 2012, log on to **mylacountybenefits.com** to download the enrollment materials or call the Benefits Hotline at 213-388-9982 to request a duplicate packet.

# Are You Currently Waiving Coverage? If So, You Must Take Action!

To waive medical coverage, you must choose to waive and provide information on your coverage each year during annual benefits enrollment. There are no exceptions! If you do not choose to waive, your medical coverage information is not approved or you do not enroll in a medical plan, you will automatically be enrolled in the CAPE/BLUE SHIELD Lite Point of Service (POS) Plan\* for 2013 and you will not be allowed to waive coverage again until 2014.

So, if you don't want *Choices* medical coverage in 2013, you must TAKE ACTION!
Refer to your enrollment packet for more

\* Sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642 will be automatically enrolled in the ALADS/Anthem Blue Cross CaliforniaCare HMO. Local 1014 members will be automatically enrolled in the Fire Fighters Local 1014 Medical Plan.

